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23338 7590 11/29/2004

**DENNISON, SCHULTZ, DOUGHERTY & MACDONALD
1727 KING STREET
SUITE 105
ALEXANDRIA, VA 22314**

01/05/2005 HLE444 00000120 10627773

01 FC:1501
02 FC:1504

1400.00 OP
300.00 OP

JAN 04 2005

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|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/627,773 | 07/28/2003 | Satoshi Hattori | 03130 | 4296 |

TITLE OF INVENTION: BUTTERFLY-TYPE CONTROL VALVES HAVING NON-CIRCULAR VALVE MEMBERS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------------|--------------|--------------------------------|-----------------|--------------------------------|------------|
| nonprovisional | NO | \$1370 \$1400.00 | \$300 | \$1670 \$1700.00 | 02/28/2005 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| MAUST, TIMOTHY LEWIS | | 3751 | 251-305000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Dennison, Schultz,
- 2 Dougherty & MacDonald
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AISAN KOGYO KABUSHIKI KAISHA

Obu-shi, Aichi-ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____
Typed or printed name Amir H. Behnia

Date 1/4/05
Registration No. 50,215

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